



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

REPORT ON CHANGE OF BUSINESS OPERATIONS

LIA9 _____ **-ID** _____

P.O. Box 59
Jefferson City, MO 65104-0059
Fax: (573) 751-7483

EMPLOYER NAME _____

EMPLOYER ACCOUNT NUMBER _____

Please complete item(s) which apply to you and sign below. Mail or fax to the above address.

I. COMPLETE THIS SECTION IF EMPLOYMENT/BUSINESS WAS DISCONTINUED AND BUSINESS WAS NOT SOLD

A. Enter the last date you paid wages to either part-time or full-time workers _____

1. Check the reason you no longer pay wages:

- ☐ Closed business. Enter date business was closed _____ Reason closed _____
- ☐ Operate business without help. Explain _____
- ☐ Use independent contractors/contract labor. Provide names, trade names, addresses and phone numbers of all individual(s) used by you as contract labor. Submit copies of invoices, business cards and any other documentation you have from them. _____

- ☐ Bankruptcy Case Number _____ Court _____ Date Filed _____ Chapter _____
- ☐ Death of sole proprietor Date of Death _____ ☐ Letters of Refusal of Probate
- ☐ Probate County _____ Case Number _____

Name & Address of Personal Representative _____

IF BANKRUPT OR PROBATE: Name & Address of Attorney _____

- ☐ Employees leased. Who provides the employee leasing services to your business? (State name, address & phone number of leasing company – submit copy of employee leasing agreement.) _____

- ☐ Other reason _____

B. If this is a corporation, do/will officers receive any type of compensation? ☐ Yes ☐ No

1. If answer is "Yes," explain _____

C. Do you anticipate employing workers in the foreseeable future? ☐ Yes ☐ No **Date Anticipated** _____

1. If answer is "Yes," explain _____

(A "Yes" answer will allow your account to continue as "Active." A "No" answer will be considered an application for exemption from filing contribution & wage reports beginning with quarter following last date you paid wages.)

II. COMPLETE THIS SECTION TO SHOW CHANGE IN OWNERSHIP OF THE BUSINESS

A. Enter the date and indicate the type of change. Date of change _____

- ☐ Partnership Dissolved ☐ Partner(s) Added ☐ Corporation Formed ☐ Merger
- ☐ Entire Business Sold ☐ Partner Withdrew ☐ Corporation Dissolved ☐ Stock Ownership Change
- ☐ Partial Sale Only Explain what portion(s) were sold _____
- What business do you still operate? _____
- ☐ Other Change, explain _____

B. Enter new owner's name, business name, address, telephone number and Federal ID Number _____

C. Did the new operator acquire ALL of your Missouri business? ☐ Yes ☐ No

D. Was the Missouri business, or portion that was sold, continued without interruption in business activities? ☐ Yes ☐ No

1. If "No," state reason for the interruption in business activities _____

2. Enter date business was closed _____

E. Did you start or acquire a business in Missouri after date shown in Item II.A.? ☐ Yes ☐ No

1. If "Yes," from whom did you acquire the business? Their mailing address and phone number is _____

F. Did you employ any workers or compensate anyone in Missouri, including officers, after the date you stated in Item II.A.? ☐ Yes ☐ No

1. If "Yes," explain _____

III. MISCELLANEOUS CHANGES

☐ Employer address change. New address is _____

Mailing address CAN ONLY be changed if this form is signed by the owner(s) or officer(s) or the business actuary for the company.

☐ Business/trade name change to _____

I certify that the information supplied on this form is true and correct to the best of my knowledge and understanding.

Signed _____ Title _____

Telephone Number _____ Date _____